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UpD^{ate} Upledger

Summer 2006

Michael's Miracle

"Your son is never going to have enough brain activity to know that you're Mom."

Imagine being the one hearing those cutting words coming from your child's neurologist. Some four years later, the statement still resonates in the memory of Amanda Bird. The difference is, today she knows it isn't true.

Diagnosed at 18 months with microcephaly (abnormally small head), Michael Bird, now 5, knows who Mom is. He also knows to take her to the fridge when he's hungry, and to lead her upstairs when he's ready for bed. "He understands little things that I tell him," Amanda says. "He understands 'no,'" she adds with a laugh.

The original prognosis left single-mom Amanda reeling, wondering how this could be. Michael had been born full-term, a healthy 8 pounds, 3 ounces, and 21 inches long. "All his APGAR scores were normal," she says. "His head circumference was in the 95th percentile."

The first sign of a problem appeared at 6 weeks. "Michael started fussing and spitting up, so I took him to his pediatrician," Amanda explains. Next thing she knew they were saying they needed to do a spinal tap to rule out meningitis. Refusal was not an option. "I said I would bring him back, but they made it clear that they would call security if I left with him."

During the process, Amanda watched in horror as they repeatedly stuck Michael in the



Amanda Bird with son Michael, now 5, after CranioSacral Therapy began unraveling his healthcare challenges at their source.

wrong place. Following the fourth unsuccessful attempt she ran to find someone who could make them stop. Finally, after about six tries, they got the spinal fluid and sent the sample out for testing. After all that trauma, the results came back. "Unknown fever" was all it said.

Puzzling Signs Lead to Devastating Prognosis

Life returned to normal — briefly. At 3-1/2 months old, Michael developed a severe case of pneumonia. He was intubated in a medically induced coma for 10 days. Three months later he was back in the hospital for a hernia operation. By 9 months he was beginning to display developmental delays. "I started noticing he was a little bit behind in sitting up," Amanda says. "He could roll over but he wasn't trying to crawl. And he wouldn't bear any weight on his feet."

When Michael still wasn't even attempting to crawl by 18 months, Amanda took him to a neurologist. Immediately after checking his head circumference, the doctor stopped the exam and proclaimed that Michael was microcephalic. "Somewhere between his birth measurement in the 95th percentile and that point, Michael had dropped to two deviations below the 5-percent

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Mary's Migraines: A CranioSacral Therapy Case Profile

by Janet Ferguson, RDMT, CST

Born in 1940, Mary* had been experiencing migraines since the mid-1960s. They started out once or twice monthly and gradually progressed over the years to several each week. Mary admits stress was a contributing factor, having separated in 1975 from an abusive and controlling husband.

Mary's doctor referred her to a neurologist. She saw three different ones, all recommending the same thing – for her to keep a migraine diary, and for them to prescribe a variety of pain medications. Nothing worked.

By 1989 Mary retired after a motor-vehicle accident resulted in a dislocation of the scapula. The pain of the migraines progressed until they were continuous from 1993 to 1998 without a break. During that time she was getting regular Therapeutic Touch treatments, practicing meditation, visualization and Tai Chi.

One day at the Therapeutic Touch office, Mary saw my display of pamphlets and articles on CranioSacral Therapy (CST). She scheduled her first appointment with me for a one-hour CST session on January 29, 1999.

The CranioSacral Evaluation

On exam I noted an asymmetry of the cranial bones with decreased ROM on the left side. I arced to the left greater wing of the sphenoid. She presented with a sphenoid left torsion sidebend with left convexity, a right lateral strain and sphenobasilar compression.

The right temporal bone was also stuck in flexion with temporoparietal suture compression. The TMJ was compressed on the right side, and the left side of the nasal bone and left zygoma were pulled medially. The maxillae and vomer revealed a right shear and right torsion with zero ROM of the right palate.

The intracranial membrane system torsioned counterclockwise and the left occiput was pulled medially and superiorly, with right occipital compression of the atlas. The hyoid musculature was especially tight on the right side, with the hyoid torsioned to the right and superiorly.

Peeling Away the Head Pain

One month later Mary returned for her second session and gratefully informed me that

she hadn't had a headache for 11 days after her first visit. That hadn't happened for years. Mary purchased a Still-Point Inducer and used it faithfully two times each day thereafter.

The structural work continued as we "peeled away the layers of the onion," correction after correction. Mary's dural tube was restricted on the right side at C2 and T2-3. The sacrum was torsioned to the right with a strong pull superiorly of the lumbar dura mater.

In one particular visit, I arced to an energy cyst at the right of the lumbosacral junction. It was here that Mary first experienced a Somato-Emotional Release® (SER). That and several others helped her release her anger from her first marriage, as well as the shame and guilt she had been nonconsciously holding on to.

One session is still very clear in her memory. She was commenting that migraines were a blood-vessel problem. Since I had just returned from Upledger's The Brain Speaks workshop in February of 2000, we acknowledged and dialogued with the cranial circulatory system.

Mary said the left side of her brain was feeling pressured, foggy, dark and heavy. It was envious of the right side, which felt light, bright and clear. As we dialogued, the left side wanted to flow through to the right side but it couldn't because the pathway connecting the two halves was virtually closed. Also, the right side was afraid to open up and complete the circle because it didn't want to lose the light.

Mary visualized implanting a surgical stunt between the two halves so that a permanent pathway was established. Dialogue, deep breathing and imaging helped clear out the fog, making the left side as bright as the right. We continued imaging the flow, but the inferior cerebral artery was blocked. After clearing the blockage, Mary followed the flow down the neck and to the heart.

Mary Learns How to Sidestep Her Migraines

Mary no longer has migraines. However, she says she does start to have tiny migraine-like feelings if she doesn't receive a CST session within four months of time. So for the first four sessions Mary came once a month, and now she books regularly every four months.

I have seen Mary for 21 sessions at a total cost of \$1,230. Fortunately, we Canadians have all of our doctor and specialist appointments covered. Her corporate insurance plan paid for the medical prescriptions. The other alternative therapies Mary received before getting CST ran approximately \$2,000.

I am honored to work with Mary. She is an amazing woman. She continues on a daily basis to imagine blood flowing and her spine aligning, and she directs energy to needy spots using therapeutic breathwork. Her quality of life has been enriched with CranioSacral Therapy.

*Name has been changed to protect privacy.

Save up to \$200 on a CranioSacral Therapy workshop. Call Educational Services at 1-800-233-5880 or (561) 622-4334 and ask for priority code SNEWS.

For class dates and locations, see the Course Calendar on pages 6 and 7. Or click on over to www.upledger.com.

Would you like to
improve your hands-on
listening skills?
Check out these the
Therapeutic Imagery
& Dialogue and
The Brain Speaks
workshops at
www.upledger.com.

Advanced Class Guides Therapists Deep Into the Brain

Bruno Chikly, MD, DO (hon.), is taking healthcare practitioners deep into the recesses of the central nervous system in his new workshop: Brain Tissue, Nuclei, Fluid and the Autonomic Nervous System (LDB1).

“The body often aligns itself around very specific structures in the brain and spinal cord, creating many undetected key tissue restrictions,” Dr. Chikly says. His advanced four-day course teaches precise techniques to work with these structures and aid pathologies related to the central and autonomic nervous systems.

According to Dr. Chikly, the primary skill needed here is a “finely tuned sense of proprioception” – a very subtle touch. Because of that he has taken the unusual step of opening the class up to practitioners of other modalities besides graduates of Advanced 1 Lymph Drainage Therapy. Now graduates of SomatoEmotional Release® II, and certain Visceral Manipulation and Mechanical Link courses are welcome to attend.

The class includes a variety of exercises

to bolster the strong perceptual skills needed to address tissue microstructures. Dr. Chikly says practitioners who complete the coursework will “probably never practice manual therapy the same way again.” They should be able to access precise areas of the brain that hold primary lesions and trauma, release restrictions in more than 20 brain nuclei, deal with tissue trauma and cellular fear, and apply new techniques that address the ventricular fluid system.

“It’s an advanced workshop, so we propose different ways of releasing these structures,” Dr. Chikly says. “Once you learn them, you understand how these structures are some of the most important components of somatic dysfunctions and nervous-system disease.”

Such challenges include closed-head injuries, whiplash, headaches, dyslexia, cerebral palsy, cognitive behavioral dysfunctions, learning disabilities, ADD/ADHD, Parkinson’s disease, Alzheimer’s disease, post-meningitis syndrome, birth difficulties or trauma, feeding difficulties, and common dysfunctions such as

shoulder, neck and back pain.

Shoshana Pinto Ringel, DDS, MS, acupuncturist, says, “LDB1 was one of the best courses I assisted in my 17 years [with] Upledger. Dr. Chikly covered thoroughly both the structural and functional anatomy of the brain. It was solid, precise and fascinating information. I’m using the applications with almost all of my patients, and am delighted with the results.”

Clinical psychologist Robert H. Weiner, PhD, agrees. “This is an extraordinary class. Dr. Chikly has developed a profound method of releasing brain trauma, and trauma from tissue anywhere in the body. The technique is subtle, gentle, and very harmonizing for the client.”

For dates and locations of the Brain Tissue, Nuclei, Fluid and the Autonomic Nervous System workshop, see the Course Calendar on pages 6 and 7. To find out if you qualify for the class, call Educational Services at 1-800-233-5880 or (561) 622-4334 and ask for priority code SNEWS. You’re also welcome to visit www.upledger.com.



Lymph Drainage Therapy’s Lymphedema/CDP Certification

Students from two Miami workshops held by Renée Romero, RN, LLCC, at the Lymphedema Institute of America, celebrate after earning LDT’s Lymphedema/CDP Certification.

The 6-day program covers select products and techniques designed to achieve the best results for clients with lymphedema, lipedema and chronic venous insufficiency.

Find out how Lymphedema/CDP Certification can boost your healthcare practice. Call Educational Services at 1-800-233-5880 or (561) 622-4334 and ask for priority code SNEWS. Or visit us 24/7 at www.upledger.com.



Developing Your Therapeutic Presence

by Suzanne Scurlock-Durana, CMT, CST-D

It's become increasingly clear that the outcome of any given therapeutic session is greatly influenced by the therapist's ability to hold a strong healing presence. This unspoken, unseen connection between therapist and client occurs in every bodywork session. It means learning how to be in touch with and nurture yourself so that your presence can catalyze and nurture the healing process for others.



Suzanne
Scurlock-Durana,
CMT, CST-D

To be therapeutically effective as a clinician, your energetic bank account needs to stay in the black. Many therapists give their energy away to their clients because of their commitment to helping people. In their enthusiasm they often pay more attention to other people's needs than they do their own. Learning to build and maintain your own store of healthy inner resources has to become your first priority rather than your last.

The Benefits of Therapeutic Presence

Developing a reliable therapeutic presence is one of the greatest gifts you can give yourself and your clients. The benefits in this healing partnership are profound.

When you're grounded and present, your clients can relax more quickly. It's easier to release tension in the presence of someone who is energetically full and steady. As you become more aware of what nurtures and feeds you, you become more stable and grounded. This allows you to more accurately honor your client's internal pace of relaxation and healing, as well.

Learning to embody a strong therapeutic presence also greatly increases your ability to feel what's going on with your clients. The energetic connection becomes a palpable resource, and a reliable source of information that can help guide your work moment by moment, and substantially increase your effectiveness.

Developing greater therapeutic presence is also a potent antidote to burnout. As you continually learn to fill yourself with healthy

resources, you avoid becoming depleted when you hold a healing space for another.

Your confidence in yourself naturally increases as you embody these skills in your practice. Therapists who apply these principles develop a deeper trust in their feelings, skills, intuition and wisdom.

Practicing the principles of thera-

peutic presence takes patience and ongoing commitment, but it's well worth the effort. Our work is richest when we can be in each moment with our clients in a space of care and compassion that enables us to receive as well as give.

As an added bonus, the ability to become a container for someone else's healing brings us into a deeper state of grace and resonance. In this paradigm, to give is to receive.

Therapeutic Presence in Action

Here are some guidelines for increasing the steadiness and strength of your therapeutic presence in practice.

Before the Session

- Nurture the conviction that you deserve to take care of yourself.
- Take a reading of where you are on the inside.
- Connect to your healthy resources.
- Set a clear intention.
- Affirm current realities.
- Remind yourself that you are not the only resource for your clients.

During the Session

- Hold a space of compassion and acceptance for your client.
- Be a container large enough for the full range of experiences your clients bring to the table.
- Establish and maintain clear boundaries.
- Be aware when your own emotional issues are being triggered, and know what to do about them.
- Listen to what your body, hands and intuition tell you.
- Let your client's body tell you what it needs.
- Listen carefully to what your client tells you during the session.
- Honor your client's process and pace.

- Maintain a vision of your client as whole and healthy, and free of physical and emotional pain.
- Help clients get in touch with their own capacity for self-healing.

After the Session

- Get feedback from your client.
- Acknowledge your client's courage and commitment to heal.
- Help your clients stay aware of the bigger picture.
- Make suggestions for supplemental or follow-up work if appropriate.
- Take care of yourself.
- Close each session with an attitude of gratitude and acceptance.

Suzanne Scurlock-Durana, CMT, CST-D – creator of Healing From the Core – has been a certified Upledger instructor for more than 20 years. She is working on a new book on the five principles of therapeutic presence.

Find out how to strengthen your therapeutic presence – and save up to \$200 in the process. Call Educational Services at 1-800-233-5880 or (561) 622-4334 and ask for priority code SNEWS. For course dates and locations, see the Course Calendar on pages 6 and 7. You're also welcome to visit us 24/7 at www.upledger.com.

Visceral Manipulation Case Profile

by Annabel Mackenzie, Registered Shiatsu Therapist

Mirella* came to see me because of an intermittent but persistent “stitch” in her midriff. While she was happy at her desk as an administrative assistant, she also wanted more energy for her day. So she had begun walking an hour to and from the office.

The increased activity did not make Mirella feel much better. Instead, during each walk the discomfort in her torso would arise. She was a shallow breather to begin with. But this, she said, felt more like a strangulation.

Having just turned 40, Mirella was exasperated and perplexed since she considered herself fit. Swimming was her favorite sport. Her history contained no surgeries, significant traumas or illnesses.

The Hands-On Evaluation

During my general-listening evaluation, I found some restriction in her right subcostal region. A lesional chain was anchored inferiorly to the lateral aspect of the right lower limb, and superiorly followed a posterior route via the pleura into the cranium.

Manual Thermal Evaluation revealed a sluggish liver and small intestines. No wonder she had no energy!

With listening I also found the collection of tissue tension that Mirella’s body was protecting and working around. But I was not receiving a clear message as to where to begin treatment. On mobility testing, the liver, colic flexure, hepato-duodenal ligament and gallbladder were each a piece of the puzzle, but none was the key.

I needed more precision before Mirella’s body would accept my help. I treated her right ankle and foot with good results, but I was still confident that I had missed the main point.

Taking the Evaluation to the Next Level

Happily, Mirella returned three weeks later. This time, on extending my listening line from the subcostal region, I was led to the cervical spine. Palpating the nerve root of C4, I scanned the body with Manual Thermal Evaluation for the organ most connected with the phrenic nerve tension.

Finding the cystic and hepatic canals, I followed a double-listening technique, rhythmically stretching the bile ducts while following activity at the nerve root. After a few cycles, Mirella and I could feel the adjacent peritoneal tissue softening. Her twist of fibrocity deep in the biliary system was beginning to unravel.

In two follow-up sessions I was able to assist the body as it redistributed its abdominal tensions in an environment of reduced tissue tone.

Digestive and vascular circulation improved and the lesional chain gradually resolved.

With the binding motion barrier now gone, Mirella finally began feeling invigorated by her daily walk. Respiration became more fulsome. She was less cranky.

Releasing Childhood Traumas

One morning while treating her secum I noticed a lot of stretch marks on Mirella’s belly. She told me she had suffered as a teenager from anorexia and bulimia followed by a rapid weight gain (45 pounds in two months). One

would never guess this from her trim shape today.

Obviously, her eating disorders had disrupted and overwhelmed her digestive system. Perhaps

the phrenic nerve had become intimately involved in managing the situation and was still vigilant 25 years later. Honestly, I don’t know how much progress I would have made without consulting it.

In the spring I suggested that Mirella incorporate some rotational stretches into her exercise routine.

(I could see why swimming had been her only sport.) She called some weeks later to say she had “gone wild and enrolled in belly dancing class!”

*Name changed to protect confidentiality.

Learn more about *Manual Thermal Evaluation in Visceral Manipulation*. Save up to \$200 on your first workshop. Call Educational Services at 1-800-233-5880 or (561) 622-4334 and ask for priority code SNEWS. Or visit us online 24/7 at www.upledger.com.

“Manual Thermal Evaluation revealed a sluggish liver and small intestines. No wonder she had no energy!”

Visceral Manipulation: The DVD

by VM Developer Jean-Pierre Barral, DO

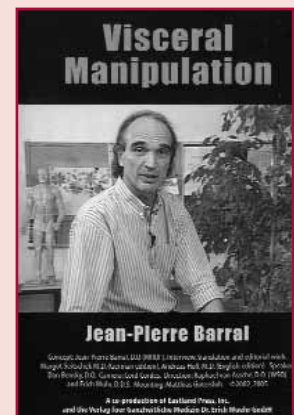
Now for the first time in DVD format, renowned French osteopath Jean-Pierre Barral gives you an insider’s look at Visceral Manipulation as he discusses and demonstrates a number of his signature techniques.

Visceral Manipulation is based on the central premise that the interrelationship of structure and function among internal organs is every bit as vital as that of all the elements of the musculoskeletal system. By restoring the natural inherent motion of the organs, you can help improve the health of the entire body.

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- Spleen
- Pancreas
- Stomach
- Duodenum/Small Intestine
- Large Intestine
- Kidneys
- Bladder/Uterus
- Interview with Barral

Total Time: 2 hrs., 20 min. Item Code: DVMD. Retail Price \$65.00. Call 1-800-233-5880.



Michael's Miracle

Continued from front cover

mark on the growth chart," Amanda says. "The doctor said it was a genetic chromosomal disorder."

The bad news didn't end there. Amanda was delivered a laundry list of afflictions and "never wills" that would dominate Michael's life. "They told me he would have a short life span. He would never walk, never talk. He would need to be fed with a feeding tube. He'd have continual seizures. He'd have abnormal facial features by the time he turned 3. And he'd never know I was his mom."

They finished by telling Amanda there were no treatment options; nothing would help. "Just take him home and love him," was all they could offer. But that wasn't enough for Amanda. "I knew that something was going to help Michael. It was just a matter of finding it," she says.

Follow-up genetic testing indicated that everything was normal, including Michael's chromosomes. "This disease is supposedly a sign of something else, but there was nothing there," Amanda says. Not knowing where to turn next, she began searching for treatment options. She started Michael on occupational, physical and speech therapies. "I also took him to several specialists, but they all said that nothing could help him."

"Crazy" Idea Leads to Unexpected Help

As Amanda was leafing through a *Dallas Child* magazine one day in the PT's waiting room, she came across an ad for CranioSacral Therapy at Integrative Pediatric Therapy. This was the same group who worked for years with formerly conjoined Egyptian twins Ahmed and Mohamed Ibrahim. "I thought it sounded kind of crazy, but I figured we had nothing to lose," she says.

Calling to make an appointment, Amanda explained Michael's condition. For the first time she was met with the words: "Yes, we can help."

The initial assessment with longtime CST practitioner Suzanne Aderholt, MOTR, CST-D, indicated severe restrictions to Michael's craniosacral system mobility. "His dura membrane was severely rotated and there was a

buildup of scar tissue in the dura between L2 and L3," Suzanne says.

Next came the question that surprised Amanda: Had anything ever happened to Michael's lower back?

"That made me think of the spinal tap," she says. "Until then I had never considered that it could be the root of the problem." Yet this would certainly explain the presence of microcephaly without the usual genetic factors. With the membrane rotation exerting a downward pull on the whole cranio-sacral system, CSF flow would be restricted and vital nutrients blocked from reaching Michael's brain.

The proof that they were on to something came the next day. "Michael looked me straight in the eyes and smiled!" Amanda says. "After the second appointment he was bearing weight on his feet and starting to cruise around the furniture. I didn't know what was being done in his therapy sessions; I just knew that it worked. We've been going back once a week ever since then."

Intensive Therapy Brings Even More Improvements...and Hope

These days that weekly appointment is at The Upledger Clinic in Palm Beach Gardens, Fla. "We first came to the clinic in 2004 thanks to a scholarship from The Upledger Foundation," Amanda says. "Michael spent a week in the intensive-therapy program. Within six months he started walking on his own. We moved here permanently from Texas in May 2005."

Kevin Rose, LMT, CST-D, Director of Intensive-Therapy Programs, recalls meeting Michael for the first time. "He wasn't walking. In fact, I would describe him almost as a floppy baby. He was responsive to a certain extent, but not in the way that's expected for that age."

In one particular session, Kevin and Dr. John E. Upledger removed a large energy cyst from Michael's spine during a SomatoEmotional Release®. "It was very dramatic for Michael," Kevin says. "After that session he began to progress quickly."

"What amazes me," Amanda says, "is that every therapist who works with Michael ends up focusing on that area. His body draws them to the site of the spinal tap."

In the time since that initial visit, therapy has centered largely on hydrating Michael's tissues by increasing CSF flow. "We're focusing a lot these days on increasing intracranial membrane function and mobility," Kevin says. "I'm also working on his speech. Normally Michael keeps his teeth clenched.

But within the past three to four months, he's allowed me to do some mouthwork." Laughing, he adds, "The fact that he was missing both his upper and lower front teeth for awhile helped a lot."

Amanda believes the mouthwork is making a difference. "Michael is starting to mumble words," she says. "His cognitive abilities have also increased hugely. He brushes his teeth by himself. He walks and runs everywhere. He can climb up and down on the toys at the playground. I think everyone agrees now that at some point Michael will reach a state of normalcy. It's just a matter of continuing the therapy and keeping him on the track that we're on."

Now Amanda hopes that other children will benefit from this work as well. "There are so many kids like Michael who are in need," she says. "If even one doctor reads his story and thinks of a patient to refer, then it's worth it. That will be one more child who's going to get the kind of help that can make a lasting difference. And maybe it will mean one less parent who has to hear the words 'there's nothing we can do.'

"Something can be done. Michael is proof. My son knows I'm Mom."

The Upledger Foundation is dedicated to providing scholarships to help children and adults receive the CranioSacral Therapy they so desperately need.

For more information or to help support other patients like Michael through a donation, please contact The Upledger Foundation toll-free at 1-800-725-5880 or (561) 624-3888. Or visit us online at www.upledgerfoundation.org.

"We first came to the clinic in 2004 thanks to a scholarship from The Upledger Foundation."

The Upledger Clinic Corner

New Sensory Integration Room Will Complement CranioSacral Therapy to Better Address Needs of Children

Thanks to a \$10,000 donation to The Upledger Foundation, The Upledger Clinic will soon be opening a treatment room dedicated to evaluating and addressing sensory integration dysfunction in children. The new facility will be designed by Upledger staff clinician Rebecca Flowers, OTR, BCP, CST-D, one of only a small number of therapists in the U.S. who holds a Diplomate certification in CranioSacral Therapy as well as certifications in Sensory Integration (SIPT) and Pediatrics (BCP).

Sensory integration dysfunction occurs when the brain is unable to correctly process information that comes in through the senses. The senses are designed to work together, each complementing the others to form a composite picture of who we are, where we are, and what is happening around us. Sensory integration is the critical brain function responsible for producing this composite picture and organizing sensory information for ongoing use.

“From a therapist’s standpoint, sensory integration helps us understand where children are in their abilities, and how their brains are processing information,” Rebecca says. “A child’s brain begins processing sensory information in utero, and learns progressively how to respond to the world. Dysfunctions in processing are becoming increasingly common. No matter what kind of neurological disorder you might be dealing with, in my experience, when you’ve got a neurological problem, you also have a sensory integration problem.”

The Upledger Clinic’s new sensory integration room will be equipped with an array of toys and tools designed to provide vestibular, proprioceptive and tactile stimulation. “We’ll have things like floor mats, swings, a mini trampoline and a ball pit. These types of experiences feed the brain, causing it to develop new synaptic connections for better function,” Rebecca says.

How Sensory Integration Complements CranioSacral Therapy

Rebecca also relies on sensory integration protocols to help kids stay calm and relaxed during CranioSacral Therapy (CST) sessions. “A lot of kids have difficulty tolerating the touch and energy of CST. But when you use things like blowing toys and weighted stuffed animals to provide proprioceptive and tactile input, it’s neurologically calming and organizing. This helps balance the child’s nervous system, even when we’re in the process of disorganizing it with the CST.”

Rebecca first became certified by Sensory Integration International in 1987. “I really came to it out of frustration because almost every child I saw had some kind of sensory issue, and I knew this could help boost the effects of CST. We’re complex mechanisms, and with children, you can’t put all your eggs in one basket. You have to look at the combination of things that work. It would be like sending them to school to learn only one subject and then expecting them to leave with a well-rounded education. It’s just not likely to happen.”

According to Rebecca, there’s “a huge need for this in the community.” She holds specialty certifications from Sensory Integration International and in pediatrics by the American Occupational Therapy Association. “There aren’t many therapists who have certifications in both these areas plus CST, so we’re able to offer a rare combination to children who may be struggling to get help elsewhere.

“We’d love to see more therapists follow this path, or rely on the Clinic to help them get their kids past their plateaus.”

The Upledger Clinic offers a range of complementary approaches and intensive-therapy programs focusing on CranioSacral Therapy. For an appointment or to learn more about CranioSacral Therapy or sensory integration, call (561) 622-4706.

Advanced I CranioSacral Therapy

Palm Beach, Fla. — Jan. 30-Feb.3, 2006



Front row (l-r): Brenda Bryant, LMT; Leslie Bedell, DC; Michelle Bauer, RN; Michelle Perkoski, LMT, OTR/L; Martha Perks, MS, PT; Kerstin Tracy, LMT, BSc; and Huguette Salahuddin, DDS. Back row (l-r): David Taff, LMBT; Tim Hutton, PhD, LMP, CST-D (instructor); Roger Maidens, LMT; Nancy Lankston, RN, CST; Jocelyn LeBouthillier, RMT (preceptor). Not shown: Donna Spears, LMT, NMT, CST (preceptor).


Milestones

Congratulations and Well Wishes...

- Sandy Brown, DC, has been certified to assist Healing From the Core advanced-level workshops: Expanding Present-Moment Consciousness, From Trauma Recovery to Ecstasy, Release and Renewal, and Advanced Energy Dynamics and Applications.
- Lisa Desrochers, DPT, MS, CST-D, has been certified to teach CranioSacral Therapy I.
- Kim Falone has been certified as a Healing From the Core presenter.
- Barbara Korosec, RN, MS, LLCC, has been certified to teach Lymph Drainage Therapy I.
- Barbara LeVan, PT, has been certified to teach Visceral Manipulation 1: The Abdomen.
- Sally Morgan, TTEAM, PT, CST, has been certified to teach Equine CranioSacral Techniques I.
- Susan Pinto, MA, CFT, has been certified to teach Advanced II CranioSacral Therapy.
- Angela Stevens, COTA/L, has been certified to teach Healing From the Core: Grounding and Healthy Boundaries.
- Tad Wanveer, LMT, CST-D, has been certified to teach CranioSacral Therapy II.
- Jean Marie Winters has been named Teaching Assistant (TA) Coordinator for The Upledger Institute.
- Jean Anne Zollars, MA, PT, has been certified to teach Visceral Manipulation: Abdomen 2.

Recently Certified...

CranioSacral Therapy Diplomate Level

Marieke Bezuijen, PT, CST-D
Celine Germain, CST-D
Inge Killaars, PT, CST-D
Alice D. Lindsey, MS, LMT, CST-D
Julie McKay,  CMT, CST-D (*right*)
Nicole N. Megens, PT, CST-D
Jolanda Perez, PT, CST-D
John Rollinson, DEu, CST-D
Martin Roth, PT, CST-D
Barbara Schutte, MT, CST-D
Lynn D. Simpson, OTR, CST-D
Lorna Skrine, DC, CST-D
Marjan Sonneveld, PT, CST-D
Danny Vader, CST-D
Renee van Alten-Ochse Frei, PT, CST-D
Jos van Helbeek, PT, CST-D
Steven van Rijn, PT, CST-D
Ruud Verstappen, CST-D
Ellen Vlasveld, PT, CST-D
Robyn Walpert, MPT, CST-D

Techniques Level

Anasuya Batliner, NC, Dipl ABT, CST
Janet Berman Miller, PT, CST
Roy Brewster, DDS, CST
Sara Broadwell, PT, CST
Patrick Callahan, CMT, CST
Herbert M. Carty, CST

Kelly Chick, PT, CST
Sonia Collina, CST
Knox Cummin, CST
Julia Day, CAEH, MMS, CST
Eric Demmon, MT, SM, SHi, CST
Betsy Estacio, PT, MT, CST
Vincenzo Falone, NCTMB, CST
Maria Georgouli, BEd, CFP, CST
Noriko Hosoyamada, LAc, CST
Elia Hutchins, CMT, CST
Rosemary Kolasa, IBCLC, CST
Katrina Krauer-Ion, PT, MOMT, CST
Marge Lee, PT, CST
Susan Limburg, PT, CST
Gemma McDavid, IAC, MHR, CST
Tonya Meyer, LMT, CST
Yee Wai Mon, PT, CST
Thomas Nichols, PT, CST
Jane Nicolson, CST
Kathi Poppmeier, LMT, CST
Julie Real, PT, CST
Megan Reppenhagen, OTR, CST
Julie Serena, CCC-SLP, CST
Claudia Silva, RPT, CST
Jerold Towber, LMT, CST
Janice Van Dusen, PT, CST
Susan Vaughan-Kratz, OTR, BCP, CST
Lise Verville, CST
Suen Wai Chi, CST
Ellen Wisman, MT, CST

LDT's Lymphedema/CDP Level 1

Michelle Accardo, MS, ATC, LLCC
Cathy Arnold, LLCC
Caroline I. Bieze, RMT, LLCC
Elma Jean Blades, LMT, LLCC
Jan Brickenstein, LMT, NCTMB, LLCC
Herman Bryant, LMT, LLCC
Amy Camann, PT, LLCC
Laura Caramore, OTR/L, LLCC
Carrie Carone, CMT, LLCC
Larry Cary, MT, LLCC
Carolyn Clapp, PA-C, LLCC
David Clinger, LMT, LLCC
Cindy Dixon, LMT, LLCC
David Doublestein, MSPT, LLCC
Susan Eager, LMT, LLCC
April Evanitsky, PTA, CMT, LLCC
Jean Finley, OTR/L, LLCC
Thom Guidone, PT, LLCC
Karen Gilbert, RPT, LLCC
Amy Hackman, OTR/L, LLCC
Christina Hankins, PT, LLCC
Aaltje Maria Harrewijn, PT, LLCC
Ida Hirst, PT, LLCC
Ann Inoue, OTR, LLCC
Bill Jerome, RMT, LLCC
Heather Johnston, PT, LLCC
Mary Ellen Kramp, DPT, LLCC
Nicole Clarac Lages, LMT, NMT, MRFT, LLCC
Sara Lashley, CMT, LLCC

Shirley Maureen Lougheed, OTR/L, LLCC
Mary Kazue Maeda, CMT, LLCC
Cindy Milligan, LMT, LLCC
Jessica Mohler, PTA, LLCC
Ellen Moler, PT, LLCC
Alicia Nieves-Marcotte, OTR/L, LLCC
Cindiman Pinneke, DPT, LLCC
Pim Purisudh, PT, LLCC
Emily Sansbury, PT, LLCC
Jane Shepard, LLCC
Kristine Skorseth, NCTMB, LLCC
Tracy Stone, LMT, LLCC
Seyda S. Tarabus, LMT, LLCC
Carmen Thompson, LPTA, NCTMB, LLCC
Luis Villalon, PT, LLCC
Deborah Vollmar, RN, LLCC
Theresa Walchner, PT, LLCC
Cathy White, PTA, CMT, LLCC
Jennifer Williamson, PT, LLCC
Mary Wilton, MT, LLCC
Jonatha Wright, LMT, LLCC

CST Teaching Assistants

Irwin D. Hoenig, CMT, CST
Susan Limburg, PT
Meryle Richman, PT, MS, CST

LDT Teaching Assistants

Mary Eleanor Pennline, LMT, NCTMB
Susan L. Schobert, LMT

Practitioners Unite to Help Massage Therapists in Texas Earn CEUs for CranioSacral Therapy

Massage therapists got a welcome hand recently when they found themselves having to petition the Texas Department of State Health Services to approve continuing-education units for CranioSacral Therapy (CST). The board received dozens of e-mails and letters, not just from massage therapists but from doctors of chiropractic, physical therapists, occupational therapists and many other practitioners.

"The response was overwhelming," said Barb Richmond, Vice President of Communications for The Upledger Institute. "The massage therapists were supported from all different directions. It was inspiring to see everyone pull together."

The Upledger Institute (UI) launched the campaign after the state changed its massage legislation to require CEUs for the first time. "The problem was that the law only considered Swedish to be within the scope of practice," said Alex Matthews, RMT, MTI, BS, Coordinator of Massage Therapy programs at Austin Community College. "Then they took that narrow interpretation and classified it across the board. So if it wasn't Swedish, it wasn't considered massage."

Fortunately, the board reversed its decision after hearing Alex and many other therapists present the benefits of CranioSacral Therapy. One chiropractor who wrote said, "Commonly seen symptoms such as headache, TMJ, back pain, neck pain and sciatica respond uncommonly well to this gentle, unforced and elegantly effective technique. I see absolutely no reason why this should not be allowed to be part of the massage therapists' armamentarium."

"I have a team of licensed PTs, OTs and MTs who are trained in CranioSacral Therapy techniques working for us," reported a Texas physical therapist. "The massage therapists offer an extremely effective complement to our team. I have found their backgrounds to

be excellent in providing CranioSacral Therapy to enhance all of our other physical and occupational therapy techniques."

"The bottom line," Alex said, "is that I want massage therapy students here to graduate with the best opportunities. Now we can bring in institutes like Upledger, some of the best CE [continuing-education] providers in the U.S.

Students can then use these credits toward national certification. Higher standards can only enhance the profession here."

Find out how many other states and professions offer CEUs for CranioSacral Therapy and other light-touch techniques. Check out our website at www.upledger.com and click on "CEUs" near the top.

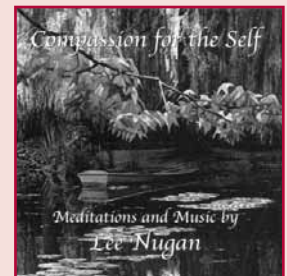
Learn More About Palpation

Upledger clinician Mya Breman, LMT, CST-D, LCSW, will present "Subtle Palpation: CranioSacral Therapy, Lymph Drainage Therapy and Visceral Manipulation" at the Florida Chiropractic Association National Convention & Expo. It's being held Aug. 25-27 in Kissimmee, Florida. *For a complete list of speaking engagements across the U.S., visit us online at www.upledger.com.*

Compassion for the Self Meditation CD

by Lee Nugan, MA

Relax and allow the music and imagery of this beautiful meditation CD to stream through you. Let it take you on a trip to a secret garden where you can rest from your striving and seeking, release your fears, and receive compassion and love. A former concert pianist, Lee Nugan has a master's degree in psychology from the University of Sydney. Since 1986 she has been a staff therapist at The Upledger Institute, where she assists private patients and those in the clinic's renowned intensive-therapy programs. Item Code: ACFTS. Retail Price: \$15.95. Item Code: ACFSM (music only). Retail Price: \$15.95



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Two Events in Three Days Adds Convenience to the Education Equation

The Upledger Institute is hosting two special events in San Diego this December designed to educate CranioSacral Therapy (CST) practitioners – and make it especially convenient for teaching assistants (TA) to attend.

The Institute's first Pediatric Clinical Symposium will be held December 9-10. Its third meeting for teaching assistants will be held December 11 in the same location.

Pediatric Clinical Symposium

The clinical symposium, which is open to all CST practitioners, will feature pediatric-specialist Rebecca Flowers, OTR, BCP, CST-D. She'll demonstrate the hands-on techniques that make CST so effective at alleviating childhood challenges. The discussions will cover a full range of concerns, such as birth disorders, genetic anomalies, neurological disorders, structural problems and immune-system dysfunctions.

Julie Galvin, CMT, has a deep appreciation for this type of event since her daughter Isabelle was a



Rebecca Flowers, OTR, BCP, CST-D

Rebecca will lead UI's first Pediatric Clinical Symposium

demo patient in a past symposium. "My only concern [before the symposium] was her lack of sleep," Julie said. "She'd only slept three to four hours at a time for the last two-and-a-half years of her life.

"Within a week after the demo treatments, she slept from 10 p.m. to 5 a.m. three nights in a row. That's the most she'd slept in her life – and the most I'd slept since she was born! She also appeared taller, more coordinated in her running and playing, and generally more mature."

The one-and-a-half-day event in San Diego will also include an overview of how sensory integration complements CranioSacral Therapy. [For a full article on the subject, see page 9.]

Teaching Assistants' Meeting

The Upledger Institute meeting for teaching assistants will bring together dozens of advanced CST practitioners to take part in an open forum designed to address their particular needs.

"This is really their meeting," says Teaching Assistant (TA) Coordinator Jean Marie Winters. "We build the agenda around their questions. They also get feedback from instructors and share real-life stories on what works best in different situations, so everyone can benefit from the experience."

Other valuable topics typically include the TA's role in the classroom, how they can best blend with instructors and students, and how to handle unusual situations.

The meeting is free for all TAs, who are also welcome to use TA vouchers to attend the pediatrics symposium. For more information on the TA meeting, call Jean Marie Winters at 1-800-233-5880 or (561) 622-4334, ext. 1373.

Check out Upledger's first Pediatric Clinical Symposium. Register early and save up to \$100!

Call Educational Services for details: 1-800-233-5880 or (561) 622-4334. Be sure to ask for priority code SNEWS. You're also welcome to visit us online 24/7 at www.upledger.com.



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